



## Missouri Pharmacy Program – Preferred Drug List



### Macrolides - Pediatric

**Effective 05/25/2005**

**Revised 10/02/2014**

#### Preferred Agents

- Erythromycin Ethylsuccinate
- Erythromycin w/ Sulfisoxazole
- Erythromycin Estolate
- Azithromycin Suspension
- Clarithromycin Suspension

#### Non-Preferred Agents

- Eryped®
- Eryped® 200
- Eryped® 400
- E.E.S. 200 Suspension
- Zithromax® Suspension
- Biaxin® Suspension
- ZMax Suspension

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents <ul style="list-style-type: none"><li>○ Documented trial period for preferred agents</li><li>○ Documented ADE/ADR to preferred agents</li></ul>	Lack of adequate trial on required preferred agents
Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030